

RECEIVED

JUN 06 2003

TECH CENTER 1600/2300
PATENT
Docket No. 01917590



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

#8/D
AKO
6-10-03

In re U.S. Patent Application of:)
)
DUDLEY, R.)
) Examiner: JIANG, S.
Serial No.: 10/033,101)
) Group Art Unit: 1617
Filed: OCTOBER 19, 2001)
)
For: PHARMACEUTICAL)
COMPOSITION AND METHOD)
FOR TREATING)
HYPOGONADISM)
)

SUPPLEMENTAL AMENDMENT AND REQUEST FOR INTERVIEW

Mail Stop: Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

This Supplemental Amendment and Request for Interview is submitted in response to the
Office Action mailed January 10, 2003.

06/05/2003 RMEBRAHT 00000021 10033101

01 FC:1201 1008.00 OP
02 FC:1202 252.00 OP

06-04-03



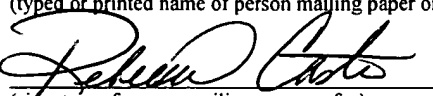
1617\$
RECEIVED
JUN 06 2003
TECH CENTER
PATENT
Docket No. 01947100/2900

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re U.S. Patent Application of:)
)
DUDLEY, R.)
)
Serial No.: 10/033,101)
)
Filed: OCTOBER 19, 2001)
)
For: PHARMACEUTICAL)
COMPOSITION AND METHOD)
FOR TREATING)
HYPOGONADISM)
)

) Examiner: JIANG, S.
)
) Group Art Unit: 1617
)

CERTIFICATE OF MAILING BY "EXPRESS MAIL", mailing label number EV 113373278 US
Date of Deposit: 06/03/03
I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to Mail Stop: Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

REBECCA CASTRO
(typed or printed name of person mailing paper or fee)

(signature of person mailing paper or fee)

TRANSMITTAL LETTER

Mail Stop: Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

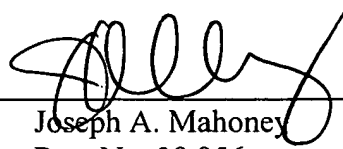
Transmitted herewith for the above-captioned patent application are:

1. Amendment Transmittal;
2. Supplemental Amendment and Request for Interview;
3. Check in the amount of \$1,260.00; and
4. Post card, to acknowledge receipt of same.

The Commissioner is hereby authorized to charge any additional filing fees required under Rule 1.17 concerning this transaction, or to credit any overpayment to Deposit Account 13-0019.

Respectfully submitted,

By: _____



Joseph A. Mahoney
Reg. No. 38,956

MAYER, BROWN, ROWE & MAW
P.O. BOX 2828
CHICAGO, ILLINOIS 60690-2828
(312) 701-8979
Dated: June 3, 2003



RECEIVED
JUN 06 2003
PATENT
TECH CENTER 1600/2900
Docket No. 01917590

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re: Application of:)
DUDLEY, R.)
Serial No.: 10/033,101) Group Art Unit: 1617
Filing Date: OCTOBER 19, 2001) Examiner: JIANG, S.
For: PHARMACEUTICAL)
COMPOSITION AND METHOD FOR)
TREATING HYPOGONADISM)

Mail Stop: Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for the subject application.

2. Applicant is ☐ a small entity.
☒ other than a small entity.

3. **Extension of Term:**

☐ Applicant petitions for an extension of time under 37 C.F.R. §1.136 for the total number of months checked below:

Extension (months)	Fee for other than small entity	Fee for small entity
<input type="checkbox"/> one month	\$110.00	\$55.00
<input type="checkbox"/> two month	\$410.00	\$205.00
<input type="checkbox"/> three month	\$930.00	\$465.00
<input type="checkbox"/> four month	\$1,450.00	\$725.00

FEE: \$0.00

OR

☒ Applicant believes that no extension of term is required. However, this is a conditional petition being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

4. The fee for claims has been calculated as shown below:

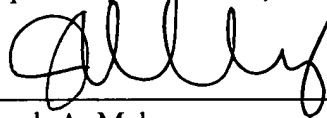
			Small entity		Large Entity	
Claims remaining after amendment	Highest number previously paid for	Present Extra	Rate	Additional Fee	Rate	Additional Fee
Total 119	105	x 14	\$9.00	= \$0.00	\$18.00	\$252.00
Independent 17	5	x 12	\$42.00	=\$ 0.00	\$84.00	\$1,008.00
Total Additional Fee				= \$0.00		\$1,260.00

☐ No additional fee for claims is required.

5. Fee Payment/Deficiency

- ☒ Attached is a check in the amount of \$1,260.00
- ☐ Authorization is hereby made to charge the amount of \$_____ to Deposit Account No. 13-0019
- ☒ Charge any additional or deficient fees required by the paper or credit any overpayment to Deposit Account No. 13-0019. A duplicate paper is attached for this purpose.

Respectfully Submitted,



Joseph A. Mahoney
Reg. No. 38,956

Date: June 3, 2003

CUSTOMER NO. 26565
MAYER, BROWN, ROWE & MAW
P.O. Box 2828
Chicago, IL 60609-2828
Telephone: (312) 701-8979
Facsimile: (312) 706-9000